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CONFIRMATION NO. 6125

<b>SERIAL NUMBER</b> 09/781,682	<b>FILING OR 371(c) DATE</b> 02/12/2001 <b>RULE</b>	<b>CLASS</b> 522	<b>GROUP ART UNIT</b> 1711	<b>ATTORNEY DOCKET NO.</b> 48997 (70184)
<b>APPLICANTS</b> Robert F. Kovar, Waltham, MA; Nese Orbey, Acton, MA; Stanley Wentworth, Bedford, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/182,619 02/15/2000 and claims benefit of 60/220,988 07/25/2000 <i>SML</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>SML</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>SML</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 73 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 21874				
<b>TITLE</b> NO VOC RADIATION CURABLE RESIN COMPOSITIONS				
<b>FILING FEE RECEIVED</b> 1197	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	